MEADOW VIEW MANOR NURSING HOME

3613 S 13TH ST

SHEBOYGAN	53081	Phone: (920) 458-4040		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Conj	unction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/04):	74	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/04):	74	Title 19 (Medicaid) Certified?	Yes
Number of Resid	ents on 12/31	/04:	71	Average Daily Census:	72

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04)						
Home Health Care No		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	38.0	
Supp. Home Care-Personal Care	No					1 - 4 Years	50.7	
Supp. Home Care-Household Services	No	Developmental Disabilities	2.8	Under 65	11.3	More Than 4 Years	11.3	
Day Services	No	Mental Illness (Org./Psy)	9.9	65 - 74	11.3			
Respite Care	No	Mental Illness (Other)	5.6	75 - 84	29.6		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40.8	********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.8	95 & Over	7.0	Full-Time Equivalent		
Congregate Meals No		Cancer	1.4			Nursing Staff per 100 Resident		
Home Delivered Meals No		Fractures	8.5	İ	100.0	(12/31/04)		
Other Meals	No	Cardiovascular	16.9	65 & Over	88.7			
Transportation	No	Cerebrovascular	9.9			RNs	13.5	
Referral Service	No	Diabetes	9.9	Gender	%	LPNs	3.6	
Other Services	No	Respiratory	5.6			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	26.8	Male	25.4	Aides, & Orderlies	37.7	
Mentally Ill	No			Female	74.6			
Provide Day Programming for			100.0	İ		İ		
Developmentally Disabled	No			İ	100.0	İ		

Method of Reimbursement

		edicare			edicaid itle 19			Other		:	Private Pay	:		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	1.9	142	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.4
Skilled Care	7	100.0	323	50	96.2	121	0	0.0	0	12	100.0	171	0	0.0	0	0	0.0	0	69	97.2
Intermediate				1	1.9	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		52	100.0		0	0.0		12	100.0		0	0.0		0	0.0		71	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period				 % Needing		Total	
ercent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	16.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		90.1	9.9	71
Other Nursing Homes	2.4	Dressing	11.3		73.2	15.5	71
Acute Care Hospitals	77.4	Transferring	28.2		64.8	7.0	71
Psych. HospMR/DD Facilities	0.0	Toilet Use	25.4		52.1	22.5	71
Rehabilitation Hospitals	0.0	Eating	73.2		26.8	0.0	71
Other Locations	3.6	********	******	*****	*******	*******	*******
otal Number of Admissions	84	Continence		%	Special Treatmen	ts	8
ercent Discharges To:		Indwelling Or Extern	nal Catheter	2.8	Receiving Resp	iratory Care	2.8
Private Home/No Home Health	32.6	Occ/Freq. Incontiner	nt of Bladder	54.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	1.2	Occ/Freq. Incontiner	nt of Bowel	21.1	Receiving Suct	ioning	0.0
Other Nursing Homes	8.1				Receiving Osto	my Care	2.8
Acute Care Hospitals	10.5	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	26.8
Rehabilitation Hospitals	0.0						
Other Locations	2.3	Skin Care			Other Resident C	haracteristics	
Deaths	45.3	With Pressure Sores		2.8	Have Advance D	irectives	83.1
otal Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	86	İ			Receiving Psyc	hoactive Drugs	67.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Owne	Ownership: Proprietary Peer Group % Ratio		Size:	Lic	ensure:				
	This	Pro			-99	Ski	lled	Al	1		
	Facility	Peer			Group	Peer	Group	Faci	lities		
	ૄ	%			% Ratio		Ratio	ઇ	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	97.3	88.5	1.10	89.0	1.09	90.5	1.08	88.8	1.10		
Current Residents from In-County	84.5	80.0	1.10	81.8	1.03	82.4	1.03	77.4	1.09		
-		17.8							1.23		
Admissions from In-County, Still Residing	23.8		1.34	19.0	1.25	20.0	1.19	19.4			
Admissions/Average Daily Census	116.7	184.7	0.63	161.4	0.72	156.2	0.75	146.5	0.80		
Discharges/Average Daily Census	119.4	188.6	0.63	163.4	0.73	158.4	0.75	148.0	0.81		
Discharges To Private Residence/Average Daily Census	40.3	86.2	0.47	78.6	0.51	72.4	0.56	66.9	0.60		
Residents Receiving Skilled Care	98.6	95.3	1.03	95.5	1.03	94.7	1.04	89.9	1.10		
Residents Aged 65 and Older	88.7	92.4	0.96	93.7	0.95	91.8	0.97	87.9	1.01		
Title 19 (Medicaid) Funded Residents	73.2	62.9	1.16	60.6	1.21	62.7	1.17	66.1	1.11		
Private Pay Funded Residents	16.9	20.3	0.83	26.1	0.65	23.3	0.73	20.6	0.82		
Developmentally Disabled Residents	2.8	0.9	3.17	1.0	2.73	1.1	2.51	6.0	0.47		
Mentally Ill Residents	15.5	31.7	0.49	34.4	0.45	37.3	0.42	33.6	0.46		
General Medical Service Residents	26.8	21.2	1.26	22.5	1.19	20.4	1.31	21.1	1.27		
Impaired ADL (Mean)	42.0	48.6	0.86	48.3	0.87	48.8	0.86	49.4	0.85		
Psychological Problems	67.6	56.4	1.20	60.5	1.12	59.4	1.14	57.7	1.17		
Nursing Care Required (Mean)	4.4	6.7	0.66	6.8	0.64	6.9	0.64	7.4	0.59		